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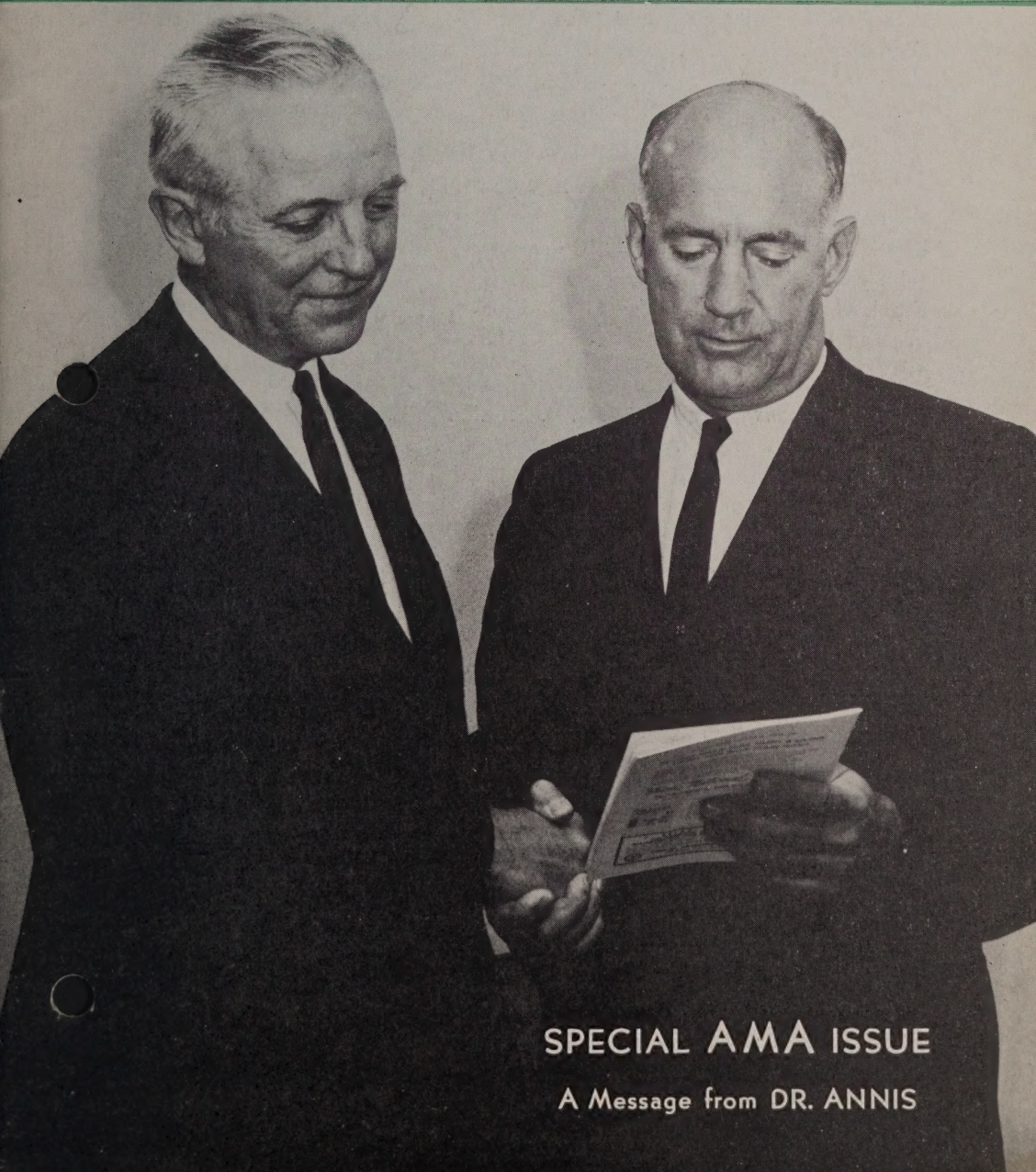
The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XIX SEPTEMBER, 1963 NO. 7



SPECIAL AMA ISSUE

A Message from DR. ANNIS

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The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
Hippocrates

Founded in 1942 by Drs. Edward P. Bagg and William A. R. Chapin, and published monthly except July and August.

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THE HAMPDEN HIPPOCRAT, SEPTEMBER, 1963

A MESSAGE TO HAMPDEN

by

Edward R. Annis, M. D.,
President, American Medical Association

On my nation-spanning speaking tours in the past two years, which included a most enjoyable recent visit to your own Hampden District, I have had a wonderful opportunity to observe at first hand the continuing progress of medicine and how its benefits flow to the American people.

These trips have given me the chance to meet many of my physician colleagues personally, to gather information, and to discuss our common problems. It is my conviction that our profession today is in every way stronger than it has ever been in the past.

The achievements of modern medical science have lifted our profession today to its loftiest perch, a stature that has surpassed the most optimistic expectations we had just short years ago. I need only cite the miracles that have been wrought by modern drugs, new surgical techniques, and the new and wonderful ma-

chines as proof; and it is you, individually, as dedicated researchers and practitioners, who have brought them about and impelled our profession as a whole.

This is a progressive march forward, for newer drugs and newer machines are being discovered and devised with every new day that passes, and the broad predictions of even longer lives and more enjoyable, healthful living are almost accomplished fact.

Yet, it is a serious anomaly that with higher and higher pinnacles of medical accomplishment clearly within sight and reach, our profession is currently undergoing strenuous attack and is the recipient of bitter and unwarranted brickbats from many quarters.

From where do we derive the needed strength and fortitude with which to fight back? The medical profession's united front can come only from an amalgamation of the total efforts of each individual physician assuming his own individual responsibility and his own individual initiative. This is not a call to follow a novel plan of action; this, traditionally, is the pattern of those in our profession. This is precisely how we have moved ahead in steady and orderly fashion to make American medicine today the envy of the world.

But while we must continue to exert our greatest efforts to the actual practice of the science of medicine, we must never lose sight of the fact that we have a secondary, important obligation. Individually and collectively we must find and sustain sufficient energy to **inform** the American public, a public hungry for news about medicine, of what is happening in medicine's active world.

I feel that if we do this, if we accept every opportunity made available to us to tell the true story of American medicine through the media of the press, radio, television, and magazines, there will be increased public understanding of health and health problems, of the goals sought by your American Medical Association, and of our unique system of medical care and its advantages.

We in medicine must constantly be alert for opportunities to give a continuing explanation of our aims and our objectives, our policies and our actions on the many issues which affect our patients. This is an essential ingredient; it is not a luxury for us to imbibe or not as we choose. So long as we live in the wonderful atmosphere of a society of free men, the single most important element is that there is understanding among the dynamic forces operating within that society.

And so I urge each of you to call upon your inner resources, a new source of increased vitality to accept and discharge your ob-

ligations as a physician and as a citizen both. Study carefully and learn the political issues at hand and discuss them freely not only within your own professional groups but also with lay people so that they can be aware of the challenges facing American medicine today. They **want** to know, and wherever and whenever medicine's position is known and understood, we gain strong support.

And while doing this let us continue to keep our own house in tidiness and good order. Continue to expand our efforts to see that no one is denied medical care because of inability to pay. Cooperate, physicians, with one another as never before. Increase our support of medical education. Continue to study, to work, and to bring the results of all these efforts to our patients and to all mankind.

In these ways we can make the public aware of the pre-eminent position of medicine in our country, and they will support us in resisting the current baiters of American medicine as well as those political opportunists who are dedicated to the destruction of medicine as a free institution. The ultimate measure of the success of our endeavor can be gauged only as it is reflected in the betterment of the public's health, and here, I remind you, there is no room for failure.

As I did before the AMA House of Delegates at our Annual Meeting in Atlantic City, let me quote from Sir William Osler. It was he who said, "Much has been done, much remains to do; a way has been opened, and to the possibilities in the scientific development of medicine there seems to be no limit". Let us get on with our work. #

WHAT IS THE A. M. A.?

"The A. M. A. is a non-profit, public service institution, organized to protect the public health and to promote the highest quality medical care for the American people. It helps physicians keep up to date on every phase of modern medicine and serves the American public in a thousand unseen ways each day."

Next District Meeting September 24 (See page 17).

A SALUTE TO THE AMA

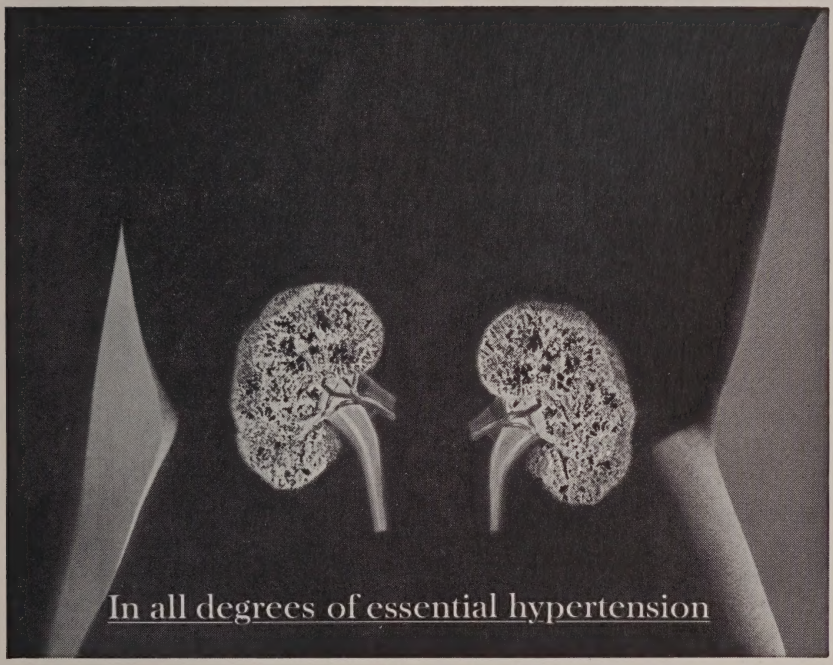
The Hippocrat takes pleasure in dedicating its current issue to The American Medical Association. This it does apologetically; its slim pages can hardly hope to do justice to an organization of the size, magnitude, and tradition of the AMA. The most we can expect to accomplish is to review briefly its history, structure, and achievements. An effort will be made also to demonstrate its indissoluble ties with our state and district societies. And last but not least, we are proud to preface this issue with a "Message to Hampden" from Dr. Edward Annis, president of the AMA, written especially for the Hippocrat.

The inescapable conclusion to be drawn from the material presented in this volume is that ours is truly a democratic and representative organization. It resembles in many ways our American system of government. Every member, through his district society, is represented in the MMS, and through it — in the AMA. Moreover, any member may speak and vote at any district meeting, and at the annual meetings of the MMA and the AMA. And finally, all members are invited to participate in the discussions of the Reference Committees of the House of Delegates.

Notwithstanding these irrefutable facts, the image of the AMA, as portrayed in some publications, is still one of monolithic, unbending authoritarianism. Others would have the public believe that the average physician is a timid, brain-washed soul who follows his "autocratic" leadership blindly and obsequiously. It is obvious that these critics have never attended a Council meeting, or a House of Delegates meeting, or even one of our District meetings. The debates at these conferences are often stormy enough to make the U.S. Senate sessions tame by comparison.

If, as shown in the pages that follow, the history of the AMA is glorious, its future is even more promising. It certainly is more challenging. The problems of medicine, scientific and otherwise, will unquestionably continue to multiply rather than to diminish in the years ahead of us. It is gratifying, therefore, that more and more of our qualified colleagues are rallying to the call of organized medicine. Membership in AMA (both relative and absolute) is today the highest it has ever been. However, about one fourth of all American physicians still lack AMA membership. Of these some are ineligible (membership in a state society is a prerequisite), while others are not interested enough because they are not engaged in the private practice of medicine. Then there are those who shun membership, as they explain it, because they disapprove of the AMA's views and policies. These constitute a distinct loss to organized medicine and all that it stands for. Instead of remaining on the sidelines, how much better would it be if these physicians joined the AMA and campaigned within its ranks for the acceptance of their own views and policies. In these critical times the concerted effort of all physicians is imperative if we are to preserve the high quality of medical care now available to our patients.

MILLMAN



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References: (1) Berry, R. L., and Bray, H. P.: J. Am. Geriatrics Soc. *10*:516 (June) 1962. (2) Hutchison, J. C.: Current Therap. Res. *4*:610 (Dec.) 1962. (3) Feldman, L. H.: North Carolina M. J. *23*:248 (June) 1962.

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EXECUTIVE COMMITTEE

At the Executive Committee meeting of June 19, the following action was taken:

Dr. Harry N. Memery was designated Secretary of the Society, replacing Dr. Ray T. Smith, who left this area.

Dr. John F. Griffin was designated Assistant Secretary, replacing Dr. Henry G. Ring, who left this area.

Dr. Walter W. Byrnes was designated Public Relations Councilor, replacing Dr. Memery, who resigned in order to assume the office of Secretary.

Dr. Walter S. Mozden was designated Alternate to Legislative Councilor.

Dr. John P. Sullivan was designated a member of the Committee on Medico-Legal Affairs.

Dr. Robert W. Emery was designated a member of the Committee on National Legislation replacing Dr. David W. Williams, resigned.

The incumbent Board of Editors was re-elected.

Approved a Hampden District Golf Tournament to be held on September 4 with Dr. Harry L. Roberts as chairman of Golf Committee.

Designated Society Meetings as follows:

September 24, 1963, Shaker Farms Country Club, Westfield

December 3, 1963, Oak's Banquet House

February 4, 1964, Storrowton, West Springfield

April 28, 1964, Shaker Farms Country Club.

HAMPDEN CAPSULES

The first pre-council meeting of the season was held at headquarters on Friday, September 6, under the chairmanship of Executive Councilor Thomas F. Reilly. In attendance were Councilors: Baker, Byrnes, Gillis, Johnson, Millman, Miner, O'Malley, Palermo, Pokorny, Putnam, Reilly, Rini, Miller, Potsubay and Tillman.

Public Relations Councilor Bill Byrnes attended recently the A.M.A.'s P-R Institute in Chicago. (Page 24)

Our Executive Secretary Mrs. Purdy, attended the first Educational Seminar of the Medical Society Executive Association held in Atlantic City during the three days prior to the A.M.A. Convention. She attended also the Institute for Association Management (under the auspices of the National Chamber of Commerce) at Syracuse University, July 28 - August 3. On August 21 she attended the A.M.A. meeting for Medical Society Executives at which Mr. Ev. Spencer of the M.M.S. was one of the speakers.

MEETINGS AT HEADQUARTERS

Diabetes Detection Committee — Aug. 15 and Sept. 6.

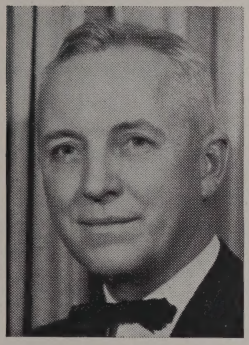
Pre-Council Meeting—Sept. 6.

Mental Health Committee—Sept. 16.

Executive Committee—Sept. 17.

Medico-Religious Committee—Oct. 1.

President's Page



I was glad to learn that this issue of the Hippocrat is being dedicated to the A. M. A.

In honoring our parent organization we are, in truth, honoring ourselves. Hampden District is one of the innumerable components that go to form the A. M. A. You are the A. M. A. Its officers and governing body are your own properly elected representatives.

As in any large, democratic organization difference of opinion exists. This as it should be. There can, however, be no disagreement with the avowed purpose of the A. M. A., which is to give to the American people the best medical care possible. It is for this reason that it was founded, and it is for this reason that it exists.

Recently we had the privilege of meeting personally the man that we elected, through the House of Delegates, to preside over the A. M. A. in the coming year. Dr. Edward R. Annis, in my opinion, epitomizes all the excellent qualifications for top notch leadership. It behooves all of us, as individuals and as a Society, to support him and the A. M. A. with all the resources at our disposal.

We may well begin by striving for the same degree of excellence that we desire to find in our parent organization. We may also lend our wholehearted support to the legislative programs of our state and national Societies. Most urgent just now is "Operation Hometown", described elsewhere in this issue.

If it is true that in union there is strength, then it is equally true that in disunity there is weakness, and this may well lead to mediocrity in the care of the sick.

Our Society has always encouraged its members to actively participate in civic and health agencies dedicated to the common good. It would seem, however, appropriate at this time to remind our members that only designated officers, namely, the President, Vice-President, Secertary and Public Relations Councilor may speak officially for our District Society. Others may speak for the Society but only at the request of or permission by the official spokesmen.

Martin B. Murray, M.D.

DRS. BAGG AND BIGELOW ARE HONORED

Flanking Dr. Gold (chairman) are, in the usual order, Drs. Bigelow and Bagg.

More than 100 people attended a testimonial dinner honoring Drs. Edward P. Bagg and James B. Bigelow of Holyoke. The occasion was their completion of 50 years of Fellowship in the Massachusetts Medical Society. The dinner was held at the Crestview Country Club, Agawam.

Chairman of the program was Dr. Sol M. Gold of Holyoke. Presentation of a gift in the form of fishing rods was made by Dr. Arthur L. Kinne. A series of travel colored slides was presented by Dr. Samuel Potsubay.

The highlight of the evening was Dr. Bagg's response to the honor bestowed upon him and Dr. Bigelow. Dr. Bagg reviewed in a very interesting and stimulating manner the past 50 years of the practice of medicine. His remarks, as usual, were sprinkled with a liberal amount of wit and humor.

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"OPERATION HOMETOWN"

During the next few months we'll be hearing a great deal about Operation Hometown.

What is "Operation Hometown?" It is a nationwide intensive and *continuing* program initiated by the AMA, "to offset the mounting pressure for King-Anderson legislation in the 88th Congress."

The reason for this program, according to an AMA pamphlet, is "That this year may well see the beginning of the end of America's high health care standards and the freedom of the medical profession — unless physicians and other community leaders take the initiative *now* in developing articulate and voluble public opinion against the inequities and extravagances proposed in this Federal scheme of high cost and low return."

To combat this danger it is recommended that every District Society in the nation launch "Operation Hometown." The campaign is designed to reach every segment of the American public through every possible medium, to stimulate every voter to let his Congressman know that medicare is really "Fedicare" — a costly concoction of bureaucracy, bad medicine, and an unbalanced budget.

These facts must be made known, and "Operation Hometown" provides the tools and techniques for *your* county medical society to present them to your fellow citizens.

For maximum effect, "Operation Hometown" is divided into seven sections:

1. District Campaign Chairman
2. Speakers Bureau
3. Enlisting Allies
4. Newspapers, Radio and TV
5. Letter Writing
6. Materials Distribution
7. Congressional Contacts

Kits with helpful suggestions and materials for carrying out each activity have been received by our District Society.

The chairman of our own "Operation Hometown" is Bob Emery.

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THE A.M.A.

I How It Began
II How It Works
III Its Accomplishments

I How It Began

It was in Philadelphia on May 5, 1847, that 250 physicians met and organized the American Medical Association. These doctors sought to improve the quality of medical education in the U.S.; to wage warfare against the medical quackery and charlatanry rampant in those days; and to formulate a code of ethics for the medical profession. It was hoped that by organizing into a national association the physicians would be in a much better position to deal with these all-important problems.

Dr. Nathan Smith Davis of New York, a physician 30 years of age, was the founder. Dr. Nathaniel Chapman of Pennsylvania was elected the first President. A constitution was drawn up, defining the purposes of the new society as follows: "To promote the science and art of medicine and the betterment of public health."

Prior to the 1940's the AMA concerned itself almost exclusively with scientific and educational problems. It remained aloof from socio-economic and political affairs, leaving them to the state societies. All members of state medical societies were automatically members also of the AMA. They paid no dues to the national society. The AMA financed its many activities primarily from subscriptions and advertisements in its various publications. Then in the early 1940's came the Wagner-Murray-Dingle Bill. This proposed legislation provided for compulsory health insurance, meaning of course government-controlled medicine. The threat was great. The AMA recognizing the crisis, reacted promptly and vigorously. It was at this point that it was constrained to leave its ivory tower and enter the political arena. New sources of revenue were urgently needed for this new type of activity. In 1950, the AMA, for the first time, was forced to impose dues on its membership. Those members who objected to paying dues were permitted to resign from the AMA without jeopardizing their state society standing.

Since these early beginnings, the AMA membership had grown to over 200,000, representing 74 percent of the nation's licensed physicians. Membership is open to any physician who is a member in good standing in his state medical society. Thus far 13 states have voted to make membership in the AMA mandatory. These include: Arizona, California, Colorado, Hawaii, Illinois, Kansas, Mississippi, Montana, Nebraska, New York, Nevada, Oklahoma and Wisconsin. In our own Massachusetts Medical Society, the Council also voted for mandatory membership in the AMA, but this proposal was defeated by a narrow margin at the Annual Meeting in May, 1962. Accordingly, membership in the AMA in our state is optional, but the overwhelming majority of our members (76%) have seen fit to join the AMA.

Actually, the Massachusetts Medical Society is older than the AMA. The MMS was founded in 1781 (66 years before the AMA) and has the distinction of being the oldest state medical society in the U.S. with a continuous existence. Other societies appeared earlier, but were short lived. The very first medical Society in the U.S. was organized in Boston in

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Cover: In the usual order, Dr. Murray, President of H.D.M.S., and Dr. Annis, President of the A.M.A. Photograph was taken during Dr. Annis's visit to Hampden District, June 12, 1963.

1735. The Medical Society of New Jersey was formed in 1776, but meetings were interrupted from 1775-1781, and again from 1795-1807. Even the Hampden District Medical Society is older than the AMA, having been organized in 1840. Unfortunately, our records were destroyed by fire on May 5, 1875, so that much of the early history was lost.

Although the MMS is a component of the AMA it is nevertheless an independent society. Our relationship with the AMA, however, is very cordial. Our representation in the AMA's House of Delegates is based on the number of AMA members we have, with one delegate for each 1,000 members or fraction thereof.

II How It Works

The AMA, as now organized, is a federacy of 54 constituent medical associations which, in turn, are composed of 1900 component (district or county) medical societies. Being a democracy, each component society elects representatives or councilors to the state societies which, on their part, select delegates to the House of Delegates. From our own District Society, Dr. Donald R. Hayes holds such office at the present time. He is one of the six delegates who represent the MMS.

It is the House of Delegates that serves as the AMA's legislative as well as its policy making body. This consists of 227 representatives of the constituent State Societies plus one representative from each of the 20 Sections of the Scientific Assembly. Every branch of medicine, including general practice, is thereby assured of representation. The Government Services: Army, Navy, Air Force, Veterans Administration, and Public Health Service also have one delegate each, and the student AMA has one non-voting delegate. Additional non-voting delegates include past Presidents and other officials. The House meets in June and November of each year.

The officers except for the Secretary-Treasurer, are elected by the House of Delegates annually. The Board of Trustees selects one of its own members to serve in the latter capacity. It is this Board of Trustees, composed of the President, President-Elect, and nine trustees elected by the House, that governs the AMA between meetings of the House. Trustees are elected for a five-year term, and may be re-elected only once. All officers and trustees serve without compensation.

As in all large organizations, the bulk of the work is done by committees, of which the House of Delegates has many. These are classified into:

(A) *Standing Committees* or Councils on which any Active or Service Member may serve. There are four such standing committees: The Judicial Council (5 members), The Council on Medical Education and Hospitals (10 members), the Council on Medical Service (9 members) and the Council on Constitution and Bylaws (5 members).

(B) Reference Committes, membership on which is restricted to delegates. These committees are appointed by The Speaker of The House. The Bylaws of the AMA lists 13 such committees but additional ones may be appointed with the approval of The House. The method of procedure of these committees, to quote from the AMA bylaws is as follows:

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"Resolutions, measures and propositions presented to the House of Delegates shall be referred to appropriate reference committees for consideration and report. The reports of all reference committees shall be presented to the House before final action may be taken, unless otherwise provided in these Bylaws, or unless otherwise unanimously ordered by the House of Delegates."

(C) *Special Committees* — The House may appoint special committees "in accordance with terms of the motions authorizing their appointment."

Between meetings of the House of Delegates, the affairs of the AMA are carried on by the Board of Trustees, who have their own standing committees. There are eight such committees, including the Council on Drugs, the Council on Foods and Nutrition, the Council on Legislative Activities, the Council on Mental Health, the Council on Occupational Health, the Council on Rural Health, and the Council on the Scientific Assembly.

The Scientific Assembly, in turn, is divided into the following sections: Internal Medicine, General Surgery, Obstetrics and Gynecology, Opthalmology, Laryngology, Otology and Rhinology, Pediatrics, Experimental Medicine and Therapeutics, Pathology and Physiology, Nervous and Mental Diseases, Dermatology, Preventive Medicine, Urology, Opthopedic Surgery, Gastroenterology and Proctology, Radiology, Anesthesiology, General Practice, Diseases of the Chest, Physical Medicine, Military Medicine, and Miscellaneous Topics.

To implement the policies established by the House, the AMA has a staff of 775 persons, most of whom are at headquarters in Chicago; 20 individuals work in Washington, D.C. Some of the personnel serve as regional representatives. Our own area is represented ably by Mr. John F. Kiser, who assists us in maintaining contact with AMA headquarters. The entire AMA staff is under the direction of a full-time salaried Executive Vice-President who is a physician. The incumbent Executive Vice-President is Dr. F. J. L. Blasingame.

The AMA operates on an annual budget of 20 million dollars, of which only 28.1 per cent comes from dues, 46.6 per cent comes from advertising in various AMA publications, and the remainder of the funds is obtained from subscriptions, investments, sale of exhibit space at meetings, and other miscellaneous sources.

III Its Accomplishments

How well has the AMA attained the goals and purposes mentioned earlier? How well has it furthered the progress of medicine? How well has it served to improve the health of the nation? And finally, how well has it provided for the professional needs of its membership?

Elsewhere in this issue a summary of the legislative accomplishments of the AMA is presented. Impressive as these are they represent but a small part of AMA activities. By their very nature, legislative activities are most conspicuous and most publicized, but these represent only 1% of the AMA's annual budget. The other 99% is spent on scientific programs, where 100 working committees

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and councils involving 800 member physicians work quietly but effectively.

A comprehensive review of all AMA acomplishments would require volumes. We may as well begin with medical education, the improvement of which the AMA has sought constantly since its earliest beginnings. It tackled the problem energetically during the first two decades of this century when there were almost twice as many medical schools in the U.S. as there are today. However, most of them, as shown in 1912 by the now famous Flexner Report, were substandard, and some — rank "diploma mills". It was the AMA more than any other organization that brought about striking improvements in medical education. Through its component state societies it fought in the various state legislatures to eradicate the substandard schools. The battle was bitter and the resistance stubborn. Our own state of Massachusetts was one of the last to close the doors of its unapproved schools. The battle was won, however, and now, thanks primarily to organized medicine, there is not a single unapproved medical school in the U.S.A.

Even now the AMA, together with the Association of American Medical Colleges, periodically inspects all medical schools in order to maintain the highest standards of medical education. To replace the old substandard schools, the AMA began in 1922 to encourage the expansion of existing medical schools, and the construction of new ones.

The first step toward certifying boards for specialists was taken in 1871.

The AMA Education and Research Foundation was set up to provide financial assistance to medical schools, and since 1952, physicians have contributed over 12 million dollars for this purpose. The program was further extended in 1962, when a loan program for medical students, internes, and residents was set up by the AMA - E.R.F.

To assure the best possible medical care, the AMA in 1957 established the Educational Council for Foreign Medical Graduates to "evaluate the medical qualifications of the individual foreign-trained physician, who wishes to come to the U.S." Thus, the foreign graduates are expected to have the same medical knowledge as graduates of approved American medical schools.

The Department of Investigation began in 1906 to expose quacks and charlatans with their worthless gadgets and nostrums.

The Council on Drugs and the Council on Pharmacy and Chemistry were founded in 1905 to police false claims in drug advertising, and secret remedies. Since then, the AMA has continued to provide physicians with early, unbiased information on all types of new drugs. Along these lines the AMA has given support to the establishment of schools of phar-

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macy since 1849.

A Council on Medical Service was established in 1943, "to make available facts, data, and medical opinions, with respect to timely and adequate rendition of medical care to the American people". The Council has worked to develop voluntary health insurance as the best way to pay for medical and hospital care. The medical profession is dedicated to the provision of medical service for all people regardless of ability to pay. According to "New Medical Material" the average M.D. donates 12½% of his time to providing free medical care.

In the field of food and nutrition, the AMA has paved the way to provide proper use of vitamins and minerals in foods. It helped to improve the quality of milk, fortifying it with Vitamin D, and encouraging the development of enriched flour, iodized salt, fruit juices high in Vitamin C content, and canned baby foods.

Ethical conduct has always been a concern of the AMA and its "Principles of Medical Ethics" is the result of gradual evolution over the years. The Judicial Council augments these principles, and its opinions are published in the J.A.M.A.

Scientific exhibits were first presented at the AMA meeting of 1899, with an exhibit on pathology. Since then these exhibits have been a regular feature of all AMA meetings.

Health education has for many years been a paramount concern of the AMA, and state legislatures have been urged to introduce hygiene studies in the schools as far back as 1882. Today the AMA participates in a joint committee with the National Educational Association to edit a standard text book on the teaching of health in the schools. Toward better education of the public in regard to health, the AMA provides exhibits, films, pamphlets, radio and TV programs, articles in newspapers and magazines, and a letter answering service. It also publishes "Today's Health," a magazine for the layman.

The most recent AMA undertaking is the establishment and operation of a new Institute for Bio-Medical Research. This agency will bring together eminent scientists from different disciplines to study the molecular events within the cell. The Institute, a project of the AMA - E.R.F. will be dedicated to pure, basic, non-disease oriented research.

Meanwhile, on the more practical, economic front, the AMA is now studying a pension plan for physicians under the provisions of the Keogh-Smathers Act reported elsewhere in this issue (see page 20).

So much has been and is being accomplished by our AMA that we have every reason to take pride in being a part of it.

TILLMAN

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EDWARD KATZ, M. D.

Dr. Edward Katz of Longmeadow died at his home on July 18, 1963.

Born in Springfield, Mass. on June 4, 1899, Dr. Katz attended New York University and obtained his doctorate in medicine from the New York University College of Medicine in 1921. He served an internship at the Holyoke Hospital and a residency in orthopedics at the Carney Hospital, Boston. In 1923 he returned to Springfield, entering into the private practice of orthopedic surgery.

Dr. Katz served on the medical staff of the Shriners' Hospital for Crippled Children from 1926 until his retirement in 1962. He also served on the medical staff of the Wesson Memorial Hospital, having served as president and as Chief Orthopedic Surgeon. He was also on the Consulting Staff of the Holyoke Hospital. Dr. Katz was a member of the American Medical Association, the Mass. Medical Society, the Hampden District Medical Society, and the Springfield Academy of Medicine. He was a member also of the American Fracture Society, the N. E. Rheumatism Society and the Maimonides Medical Club of which he was a past president.

Deepest sympathy is hereby extended to the surviving members of his family and to his many friends and associates.

COMING EVENTS

HAMPDEN DISTRICT MEETING, SEPTEMBER 24, 1963 (page 17)

EXECUTIVE COMMITTEE MEETINGS, SEPT. 17 and OCT. 15, 1963

COUNCIL MEETING OF THE M. M. S., OCTOBER 8, 1963

SPRINGFIELD ACADEMY OF MEDICINE, OCTOBER 8, 1963

AMERICAN HEART ASS'N. (Scientific Session), OCT. 25-27, LOS ANGELES

AMERICAN COLLEGE OF SURGEONS, OCT. 28 - NOV. 1,
SAN FRANCISCO, CAL.

NEW ENGLAND POSTGRADUATE ASSEMBLY, BOSTON,
NOV. 13, 14 and 15, 1963
PANELS, SYMPOSIA, LECTURES
MOVIES, HOSPITAL CLINICS, ETC.

A. M. A. CLINICAL MEETING, PORTLAND, OREGON, DEC. 1 - 4, 1963

NEXT HAMPDEN DISTRICT MEETING

TIME: Tuesday, September 24

Social Hour 6 p.m.

Dinner (Courtesy of Society) 7 p.m.

PLACE: Shaker Farms Country Club

Westfield, Mass.

AGENDA: Guest Speaker:

Mr. James W. Foristel, A.M.A.'s Legislative Representative in Washington

Amendments to By-laws

Committee Reports and other organizational and socio-economic matters

Your Presence Is Urgently Requested

Dr. Harry Memery,
Secretary

THE AMA — THE HISTORY OF ITS LEGISLATIVE ACTIVITIES

To hear the remarks about the AMA's legislative lobbying, one would think that this is some sinister, selfish movement that sprang up somewhere around the time of F.D.R. Lo and behold, at its first meeting in 1848 the association asked Congress to provide for inspection of imported drugs and medicines. To read the statement of the AMA president "Every physician would in a perfectly respectable sense become an active, working politician," one might think it was probably the fellow in 1960 who said that. Again, lo and behold, this was President Reed of 1901.

The first major political struggle in which the committee on legislation engaged broke out in the early 1900's. The Panama Canal was being built and the death rate from yellow fever was extremely high. The AMA pressed with considerable vigor on the executive branch of the government and was instrumental in having Col. William C. Gorgas appointed head of the Canal's Board of Health in 1905. The commission in charge of the Canal tried to replace him in 1906, particularly because of disagreeing with his emphasize on mosquito control. Once again the president took the advice of the chairman of the AMA Committee and reversed the commission, ordering cooperation with Gorgas. One year later, in 1907, malaria and yellow fever were well under control in the Canal Zone, and in 1908 Gorgas was finally appointed to the Canal Committee.

About the same time, the AMA campaigned for passage of a pure food and drug act. It is interesting to review the history of this contest. The AMA, the Federated Women's Clubs of America, the Consumers League and several magazines were united in support of the act. In 1905 these groups joined with the National Pure Food and Drug League and attempted to arouse public support for the bill. Many physicians, including the chairman of the league urged the president to support the bill. He did so in his State of the Union Message in December.

However, a villian worked in the wings. The whiskey trust had bottled up this legislation committee for years. Despite the urging of the president for the active support of the AMA, several influential Senators were determined to let the bill die in committee. The AMA kept exerting heavy pressure and the chairman of the Committee on Legislation informed Senator Aldrich, an opponent of the bill, that he had 2,000 county units composed of some 135,000 physicians, each member instructed not only to act himself but to ask patients and friends to bring pressure on the

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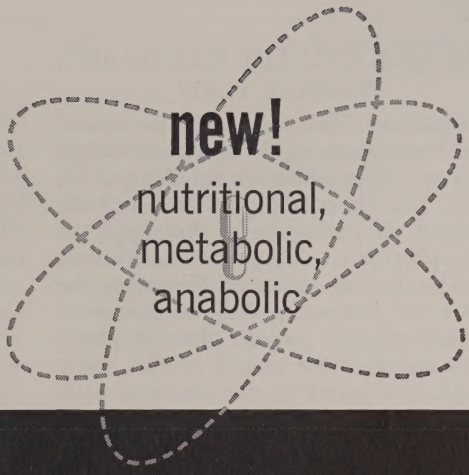
Sen[illegible] The Senate finally passed the bill 63 to 4 in favor. Further efforts were necessary to compose a difference between the Senate and House version of the bill and it was finally passed by a large majority and became law on June 30, 1906.

The Association has, of course, been interested in many other political matters. It has fought for years the policy of the Veteran's Administration in taking non-service-connected disabilities under its protective wings in V.A. hospitals. Since the first Wagner-Murray-Dingall National Compulsory Health Insurance Bill was introduced during Truman's administration the association has been in a continuous battle against the forces of socialized medicine and will undoubtedly continue activities in this line during the present session of Congress.

And so it goes, with the AMA lobbying powerfully to achieve its aims in Congress. A permanent Washington off[illegible] was established in the 1940s. A committee of not less than seven members function out of this office with the following goal: 1. to streamline legislative action so as to get faster and more effective results in Washington; 2. to study and report on all legislation introduced; 3. to maintain knowledge of the current status of and take suitable action on all bills previously introduced; 4. to assure the dissemination of information to local and state medical societies with respect to current legislation and actions recommended; and 5. to recommend the names of physicians for the presentation of testimony to congressional committees.

"A key man" system was set up in 1957 to improve distribution of legislative information to AMA members. Under this system, the Board of Trustees appoints one physician in each state who directs and is responsible for federal legislative activities in that state. Also in 1957 the Woman's Auxiliary w[illegible]sked to appoint "key legislative women" in each state to do similar work.

Maher



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THE AMA AND THE PHYSICIAN'S PENSION PLAN

When the "Self Employed Individual Tax Retirement Act" (Smathers-Keogh Act) was signed into law on October 10, 1962, the Hippocrat published a summary of its provisions as they apply to the physician (Hippocrat, February, 1963). It was indicated then that the AMA had initiated a study to determine the best possible pension plan for physicians and that the results of this study would be reported to the House of Delegates at the Annual Meeting in June, 1963. Accordingly, the AMA's Board of Trustees recommended at that meeting that such a pension plan be established, and that every effort be made to begin its operation soon, so that tax deductions for 1963 will not be lost to members. This plan was adopted by the House of Delegates.

As already indicated, the law permits the self-employed individual to set aside up to $2500 or 10% of his annual income, whichever is less, with the first $1250 being tax deductible. The law also stipulates that the physician must provide benefits for employees who have worked for him three years or longer, in the same proportion as his own retirement fund.

Mr. Russell H. Clark, Director of the AMA Business Division, stated that plans are in progress for one part of the annual contribution to go into investments such as common stocks, bonds, real estate, mortgages and other assets; and another part to go into group annuity insurance. Thirty-three insurance companies have been asked to submit bids for the annuity part of the program before August 12, 1963. The AMA plans to submit its proposed plan to the Internal Revenue Service for approval.

Mr. Clark indicated that contributions to the plan will be held by a trustee, probably a national bank, and that a group of advisors will be established for the management of the funds. We will be provided with more information about the AMA program, as soon as details have been worked out. TILLMAN

H. D. A. M. A.

The September meeting of the Hampden District Association of Medical Assistants was held at Belli's Restaurant, 2451 Boston Road, Wilbraham, Mass. on September 10th, with the Installation of Officers for the 1963-1964 season.

Officers for the Season are as follows:

President — Marie Keeley
President-Elect — Dorothy Diminetto
Vice-President — Constance Sears
Treasurer — Dorothy Williams
Corres. Sec. — Helen Bright
Recording Sec. — Anne Kennedy

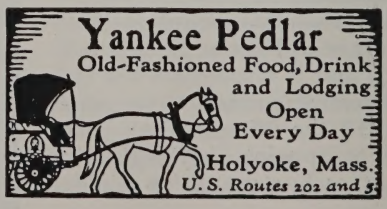
The Convention of the State Association was held this year in Dedham, Mass. on September 13, 14, 15, while the National Convention will be held in Miami, Florida, October 9-13.

EDYTHE M. LABB,
Publicity Chairman

CORRIGENDUM

On page 20 of the June Hippocrat it was reported that at the Council meeting of May 20, 1963, the Committee on Medical Charges to Pooled Funds "was made a standing committee of the Society". This statement was erroneous. We quote from Proceedings of the Council (page 56). "It was felt that there should be many consultations with the Committee and other parties involved, legal advice should be obtained and no hasty action taken in formulating a bylaw.

"It was finally voted to refer the resolution to the President, Dr. Eversole, to see whether he wanted the Bylaws Committee or some other committee to handle it."



THE AMA AND ITS HOUSE OF DELEGATES

Since this issue of the Hippocrat is devoted to the American Medical Association, it would seem timely to report, in part at least, on some of the activities that took place at the AMA's annual meeting held in June in Atlantic City.

This meeting was of special interest to Massachusetts physicians because Dr. Norman A. Welch of Boston, who has been a member of the House of Delegates since 1951 and Speaker of the House since 1959, was named President-elect of the AMA. It was a strictly no-contest election, and Dr. Welch was elected by acclamation. He will assume the office of President in June of 1964, at the annual meeting which is to be held in San Francisco.

The attendance at this year's annual meeting included almost 13,000 physicians. Of the 227 delegates, 226 were present. From our own state, all the delegates and their alternates were present, as well as the President of the MMS, Dr. Allen S. Johnson, and its Secretary, Dr. Robert Buck.

The July 8 issue of the AMA News, as well as the JAMA and the Medical World News have reported the actions of the AMA House of Delegates at its annual meeting. Therefore, it would seem unnecessary to make any lengthy report here on these actions. It does seem timely, however, to re-emphasize the working of the House of Delegates and to remind all the members of the AMA that each and everyone has a voice in AMA policies, not only through the election of delegates, but also through the opportunity to appear and to speak before the Reference Committees. As outlined in previous communications to the Hippocrat, all reports and resolutions are presented to the House of Delegates on the first day. They are then referred to Reference Committees for debate, following which they are received by the House of Delegates for final action. Your delegates are always interested in your opinions on any controversial subjects and even more so in your attendance at the meetings where you can be heard in person.

One of the actions of the House of Delegates, on the recommendation of the retiring Speaker, Dr. Welch, was to have the Speaker of the House appoint an ad hoc committee to study the size, make-up and functions of the House of Delegates, its councils, sections, and committees, and to report its findings in June of 1964. Dr. Milford O. Rouse, the new speaker of the House, has seen fit to appoint me to this committee and I take this opportunity to solicit any thoughts, suggestions, or ideas from any member of the AMA so that I can present them to the committee.

I am sure that everyone knows that delegates to the House of Delegates of the AMA are on a numerical basis, that is, one delegate for every thousand members of the AMA or fraction thereof. If all the members of the MMS belonged to the AMA as well, we would have two additional delegates. Let me therefore, urge every physician who is not a member of the AMA to join at once and thus increase our voice in the House of Delegates.

HAYES

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Question: What is Operation Hometown?

Answer: See page 10.

BY-LAWS COMMITTEE

The By-Laws Committee recommends the adoption of the three amendments published below. They are to be voted on at the next meeting, September 24, 1963. Italicized words, phrases, and sentences indicate proposed changes.

Amendment By Adding to Chapter V, Section 1 (Election of Officers)

PURPOSE: The purpose of this amendment is to extend the democratic principle by changing the nominating committee from its present appointive to elective status. Moreover, Robert's "Rules of Order" recommends that "The President shall appoint all committees except the nominating committee. The by-laws should provide that the nominating committee be elected by the organization or by its executive board."

If adopted, this amendment will read as follows:

(c) *At the next annual meeting three members shall be elected to the nominating committee as follows: one for a term of three years; one for a term of two years; and one for a term of one year. Thereafter, one member shall be elected annually for a term of three years. The member serving his final year on the committee shall be its chairman during that year.*

Amendment By Adding to Chapter V, Section 3 (Censors)

PURPOSE: The main purpose of this amendment is to provide more eligible candidates for the office of Supervising Censor. According to our State by-laws "All Supervising Censors shall have been censors previously."

If adopted, this amendment will read as follows:

Censors shall not serve for more than four (4) consecutive years and shall not be eligible for re-election for three (3) years.

Amendment of Chapter VII, Section 1 (Executive Committee)

PURPOSE: The purpose of this amendment is to make certain clarifying changes and to delineate more definitively the duties, functions and responsibilities of the Executive Committee.

If adopted this amendment will read as follows:

(a) This Committee shall consist of twelve members: the four officers, the retiring President, the Public Relations Councilor and six elected members.

(b) At each annual meeting two members shall be elected, each for a term of three years.

(c) Six members shall constitute a quorum.

(d) It shall meet monthly, except during July and August, and at such other times as may be needed, at the call of the President.

(e) *It shall be the policy making body of the Society.*

(f) *It shall be responsible for the program of each Society meeting.*

(g) *It shall advise the President and shall assist him in preparing matters for consideration by the Society.*

(h) *It shall receive all committee reports. If in its opinions any report should be modified prior to presentation to the Society, it shall make appropriate recommendations to the committee concerned.*

(i) *It shall have the authority to act in the interim between meetings of the*

Society and *shall* exercise all the powers of this Society except such as by these by-laws or by those of the State Society are to be exercised by the President or the membership.

(j) *At its first meeting following the annual meeting it shall elect:* (1) A board of Editors for the Hampden Hippocrat, for their ability and willingness to serve, and preferably in accordance with their geographic and hospital distribution; (2) an alternate to the Public Relations Councilor; (3) an alternate to the Legislative Councilor, and (4) an Assistant Secretary, upon the request of the Secretary.

(k) It shall, through the Treasurer, recommend to the District Society such dues and assessments as may be needed.

(l) It shall serve also as the Grievance Committee.

Respectfully submitted,
MAX MILLMAN, *M.D.*
Chairman

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Subject: Lower Esophageal Dysfunction as a Cause of Vomiting in Infants
Speaker: William Berenberg, M. D.

Thursday, November 7, 1963 — 5 P. M.
Subject: Various Aspects of Mental Retardation
Speaker: Theodore Kushnick, M. D.

Thursday, November 21, 1963 — 5 P. M.
Subject: New Approach to Management of Cardiac Failure in Infancy
Speaker: Marshall B. Kreidberg, M. D.

Thursday, January 9, 1964
Subject: Common Congenital Anomalies and Variations of the Feet
Speaker: J. Drennan Lowell, M. D.

Thursday, February 13, 1964 — 5 P. M.
Subject: To be announced
Speaker: Douglas S. Damrosch, M. D.

Thursday, March 12, 1964 — 5 P. M.
Subject: Herpetic and Vaccinial Disease
Speaker: Sidney Kibrick, M. D., Ph.D.

Thursday, April 9, 1963 — 5 P. M.
Subject: To be announced
Speaker: To be announced

Thursday, May 14, 1963 — 5 P. M.
Subject: The Use of Radiation Therapy in Malignant Disease of Children
Speaker: Melvin Tefft, M. D.

Wednesday, May 27, 1963
9:30 A. M. - 5 P. M.
Pediatric Genitourinary Symposium
Subject: To be announced

All physicians are invited. No fee.

THE AMA's P-R INSTITUTE

by
Walter W. Byrnes, M. D.
Public Relations Councilor
and Chairman,
Public Relation Committee, H.D.M.S.

The recent AMA P-R Institute, which I had the privilege to attend, was held in Chicago on August 22-23, 1963. It emphasized again the importance of good public relations. Dr. Blasingame, executive vice-president, outlined the significant advances in medicine during the last twenty-five years, and projected the plans of the AMA for the future. This was in context with the general theme of the institute, that of offering only factual evidence of the continuing efficacy of the free practice of medicine. A prominent newsman stressed that all news releases be objective and detailed, because press coverage often tends to be superficial, with little evidence of research. The result is "news distortion". He further stated that the medical society has the responsibility to serve as critic in its own area.

An informative panel, "Accentuating the positive — reacting to the negative", followed. Specific cases and selected public relation problems were presented. The participants emphasized the importance of establishing good press relations, and of issuing news releases whenever the occasion arises.

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They recommended the encouragement of lay participation in socio-medical problems; a participating public is always far less blindly critical. "Image neurosis" must be tranquillized. Good, positive leadership is of far greater value than the "image". This type of leadership is our most potent weapon. We must present our case in a positive manner. Progress is never made by defense.

The afternoon program dealt wiith medical costs and health insurance. The panelists indicated the vital importance of the medical review committees. These are groups of physicians, appointed by their fellows, to monitor for possible abuses and to rectify them should they occur. The solvency of the insurance dollar has thus been protected in many areas of the country. A vice-president of one of the large western insurance companies foresees the failure of voluntary health insurance programs unless there is a nationwide adoption of the review board system. Let the public know that voluntary plans foster the practice of thrift. This is impressive, particularly in the medicare arena, where one may emphasize the Federal Government's disregard for the virtue of thrift.

The following day was devoted to a discussion of academic medicine, and of voluntary health agencies and their relation to District Medical Societies. In closing Dr. E. R. Annis, President of AMA, factually and incisively, charged us with our responsibilities. He called for informed opposition to medicare, *now!* He was encouraged with the new co-operative attitude of the press. He regretted that so few physicians know enough of the "A.B.C.'s" to be used against medicare. Few can discuss the problem intelligently in their own homes, let alone before a critical and possibly biased audience. This must be corrected with the immediate implementation of "Operation Hometown", with full scale participation by all medical personnel and their families. He gave examples of devious and clever devices used by the medicare promoters. Not only are they clever but they are also well heeled. Dr. Annis is confident that our smaller budget will be just as effective in the end, because "we are telling the truth". He stated that any charges originating from an ethnic or religious group against our stand on medicare should be promptly answered, at the local level, by a medical society member preferably of the same extraction or conviction.

The impression that I gained from the P-R Institute is that whether we like it or not we *must involve ourselves, and soon, too,* if we wish to preserve the free practice of medicine as we know it today.

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H. D. A. M. A. Launches Membership Campaign

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The Hampden District Association of Medical Assistants is inaugurating its 1963-1964 season by launching a membership drive in which it hopes to recruit many medical assistants not yet members of the organization.

The purpose of the H.D.A.M.A., as is well known, is primarily educational It is the only association of its kind to have the approval and support of organized medicine. The AMA, the MMS, and the HDMS have urged physicians to encourage their assistants to apply for membership.

Among the many advantages a medical assistant might derive from being a member would be the satisfaction of associating with others within the profession; the opportunity of keeping abreast of the latest developments in the medical field; the possibility of joining one of the two group insurance plans which are not available to a medical assistant through any other channel. Another benefit would be the new certification program which has been developed by the A.A.M.A., and which will add to the medical assistant's efficiency and prestige.

The Annual Convention of the A.A.M.A. will be held this year at the Eden Roc Hotel in Miami Beach October 9-13. Among the many fine speakers will be AMA President Edward R. Annis, M.D.

Meetings of the H.D.A.M.A. are held the second Tuesday of every month, usually at a local hospital. Plans are underway for the formulation of courses, lectures, etc., to be conducted during the 1963-1964 season. The Annual Installation Dinner opened the season September 10th at Belli's Restaurant.

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At the October 8, 1963 meeting of the Springfield Academy of Medicine the speaker will be Wyland F. Leadbetter, M.D., Chief of Urology, Massachusetts General Hospital. His topic will be "Renal Hypertension from a Urologist's Point of View." The clinical conference will be held at the Springfield Hospital, 5 p.m.

At the November 12 meeting the speaker will be Francis D. Moore, M.D., Mosely Professor of Surgery, Harvard Medical School. His topic will be "Some Unusual Problems in Duodenal Ulcer." The clinical conference will be at the Wesson Memorial Hospital.

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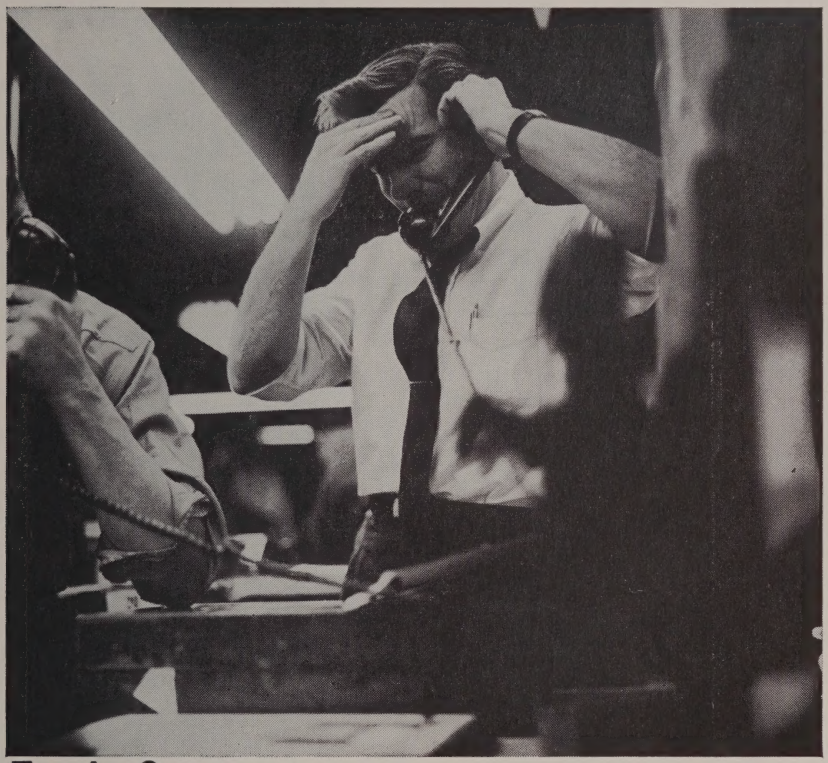

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FIRST GOLF TOURNAMENT

Golf history was made on Wednesday, September 4 when the first Hampden District Golf Tournament was held at the Longmeadow Country Club. The tournament, which was held at 1 p.m., was followed by a social hour and delicious steak dinner in the evening. After a few words of welcome by President Murray, great enthusiasm was expressed by all who attended that this become an annual affair. Next year's tournament will be held on September 2, 1964. The suggestion that future tournaments be held on the day of either the annual or the fall meeting, was considered but no decision was reached. Winners were as follows:

Low Gross	K. McEwen
Runner up	J. Flahive
3rd	R. Dudis
Low Net	J. Zielinski
Runner up	R. O'Brien
3rd	J. Stirlacci
Nearest the pin on the 16th.	J. Kresock
Highest score	M. Murray
Kicker's Handicap	R. O'Malley

Chairman of the tournament was Harry Roberts.

Photos on opposite page by Dr. Charles S. D'Avanzo.

The 29th Annual Mercy-Springfield Hospital Golf Tournament took place on June 19, 1963 at the Springfield Country Club. After a social hour and a delicious steak dinner the following awards were made: Tournament Cup: Mercy Hospital.

Low Gross: Jim Sady; runner up, Bruce Alicandri; tied for 3rd, William Dale and Albert Rock, Jr.

Low Net: Norman Popkin; runner up, Lester Suzor; 3rd, Joseph Rini.

The dinner was enlivened by a series of color slides of past tournaments, collected over the years by Dr. Alicandri.

KEY TO PICTURES ON OPPOSITE PAGE

1. Gear and all, Dr. Alicandri arrives ready for action.
2. President Murray is registered by Golf Chairman, Harry Roberts.
3. On the first tee everybody is hopeful, including Dr. Bloniarz.
4, 5, and 6. Leaving the first tee, all exude confidence and joviality.
7. In the meantime, Harry continues to register them in droves.
8. Dr. Clarke's foursome is forced to spread out a bit on one of the fairways.
9. Dr. Fitzpatrick is giving or receiving a few golf tips.
10. Dr. Zielinski finds the greens a little puzzling.
11. Waiting on tees was a common sight.
12. Dr. Sanella is convinced that a clear ball is easier to find.
13. Dr. Flahive appears intent on sinking the final putt.

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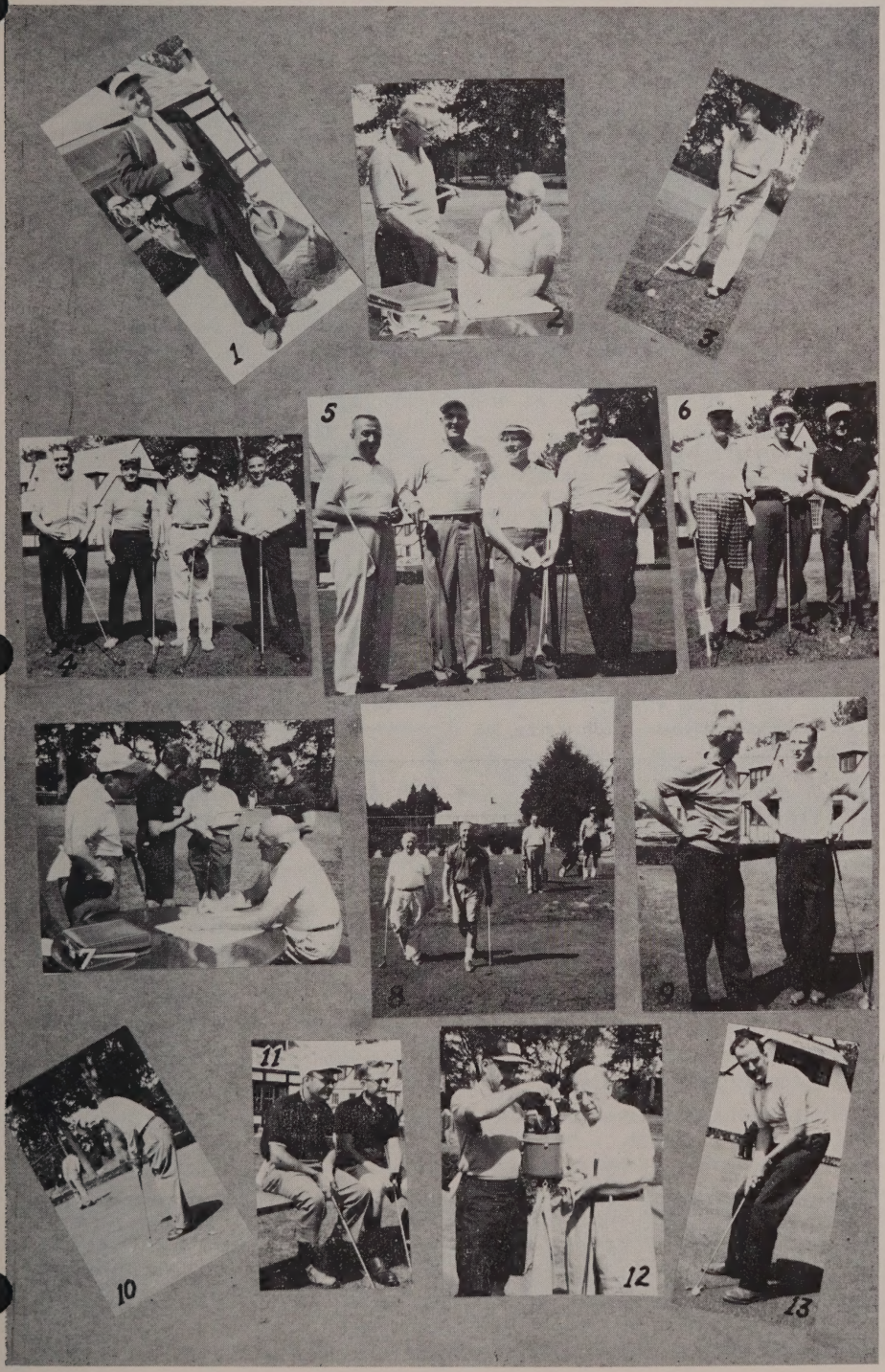
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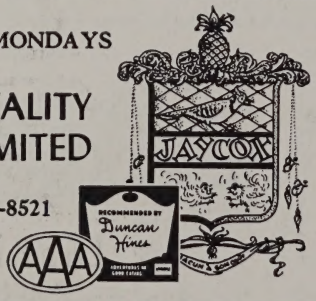

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